


PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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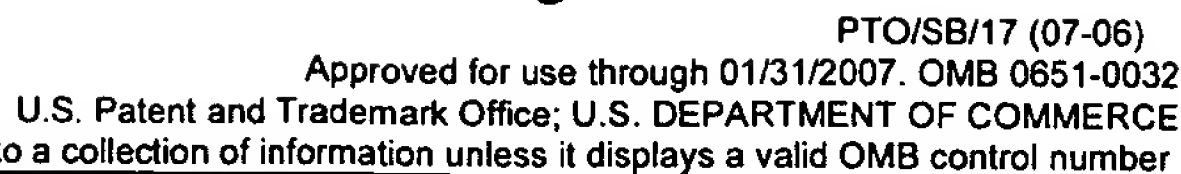
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|   |  |   |                                     |
|---|--|---|-------------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |  | Docket Number (Optional)<br>RJ171       |                                     |
| Application Number 09/737,348   |  | Filed DECEMBER 15, 2000                 |                                     |
| For APPARATUS AND METHOD FOR PROCESSING AND/OR FOR PROVIDING HEALTHCARE INFORMATION AND/OR HEALTHCARE-RELATED INFORMATION   |  |   |                                     |
| Art Unit 3626   |  | Examiner C. GILLIGAN                    |                                     |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |  |   |                                     |
|   |  | <u>Fee</u>                              | <u>Small Entity Fee</u>             |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))  | \$120                                   | \$60 \$ <u>60.00</u>                |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450                                   | \$225 \$ _____                      |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))   | \$1020                                  | \$510 \$ _____                      |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590                                  | \$795 \$ _____                      |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160                                  | \$1080 \$ _____                     |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.   |   | 01/24/2007 HLE333 00000017 09737348 |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.  |   | 02 FC:2251 60.00 DP                 |
| <input checked="" type="checkbox"/>   | Payment by credit card. Form PTO-2038 is attached.   |   |                                     |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.  |   |                                     |
| <input type="checkbox"/>  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet. |   |                                     |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |  |   |                                     |
| I am the <input checked="" type="checkbox"/> applicant/inventor.  |  |   |                                     |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |  |   |                                     |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,907</u>  |  |   |                                     |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |  |   |                                     |
| <br>Signature  |  | <u>1/20/07</u><br>Date                  |                                     |
| <u>RAYMOND A. JOAO, REG. NO. 35,907</u><br>Typed or printed name  |  | <u>914-969-2992</u><br>Telephone Number |                                     |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |   |                                     |
| <input type="checkbox"/> Total of _____ forms are submitted.  |  |   |                                     |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

01/24/2007 HLE333 00000017 09737348  
02 FC:2251



PTO/SB/17 (07-06)

Approved for use through 01/31/2007 OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

*Effective on 12/08/2004*

**Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

# **FEE TRANSMITTAL**

## **For FY 2006**

☒ ☒ Applicant claims small entity status. See 37 CFR 1.27

|                                |             |              |
|--------------------------------|-------------|--------------|
| <b>TOTAL AMOUNT OF PAYMENT</b> | <b>(\$)</b> | <b>60.00</b> |
|--------------------------------|-------------|--------------|

**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/737,348        |
| Filing Date          | DECEMBER 15, 2000 |
| First Named Inventor | RAYMOND A. JOAO   |
| Examiner Name        | C. GILLIGAN       |
| Art Unit             | 3626              |
| Attorney Docket No.  | RJ171             |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☐ **Deposit Account** Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Credit any overpayments

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| BASIC FEES, SEARCH, AND EXAMINATION FEES |             |              |             |              |                  |              |                |
|--|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| Application Type                         | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              | Fees Paid (\$) |
|  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |                |
|  |             | Fee (\$)     |             | Fee (\$)     |                  | Fee (\$)     |                |
| Utility                                  | 300         | 150          | 500         | 250          | 200              | 100          |                |
| Design                                   | 200         | 100          | 100         | 50           | 130              | 65           |                |
| Plant                                    | 200         | 100          | 300         | 150          | 160              | 80           |                |
| Reissue                                  | 300         | 150          | 500         | 250          | 600              | 300          |                |
| Provisional                              | 200         | 100          | 0           | 0            | 0                | 0            |                |

## 2. EXCESS CLAIM FEES

| <b>EXCESS CLAIM FEES</b>                           |                        | <b>Small Entity</b>    |
|--|------------------------|------------------------|
| <b><u>Fee Description</u></b>                      | <b><u>Fee (\$)</u></b> | <b><u>Fee (\$)</u></b> |
| Each claim over 20 (including Reissues)            | 50                     | 25                     |
| Each independent claim over 3 (including Reissues) | 200                    | 100                    |
| Multiple dependent claims                          | 360                    | 180                    |

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 20 or HP =        | x                   | =               |                      |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| - 3 or HP =          | x                   | =               |                      |

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____ - 100 = _____ | _____ / 50 = _____  | _____ (round up to a whole number) x _____              | _____ = _____   | _____                |

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): PETITION FEE - 1-MONTH EXT. OF TIME \$60.00

SUBMITTED BY

|                   |   |                                      |        |           |              |
|-------------------|---|--------------------------------------|--------|-----------|--------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 35,907 | Telephone | 914-969-2992 |
| Name (Print/Type) | RAYMOND A. JOAO   |                                      |        | Date      | 1/20/07      |

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